MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)   09/647007

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8	/						58							
9		/					59							
10	/						60							
11		/					61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
16		/					66							
17		/					67							
18	/						68							
19		/					69							
20		/					70							
21		/					71							
22		/					72							
23		/					73							
24		/					74							
25	/						75							
26		/					76							
27	/						77							
28		/					78							
29		/					79							
30		/					80							
31		/					81							
32		/					82							
33		/					83							
34		/					84							
35	/						85							
36		/					86							
37		/					87							
38	/						88							
39	/						89							
40		/					90							
41		/					91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	9						TOTAL IND.							
TOTAL DEP.	32						TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							